

Alabama Ryan White Part B/ADAP Program No Income Statement

(This statement should only be completed if a client no income)

I understand that I have to provide proof of all reported income for my household. I understand that income includes, but is not limited to:

- Pay stubs for working client
- Any money received from Social Security (including SSI, SSDI, or Social Security Retirement), unemployment benefits, disability pay, severance pay or any other benefits used as income.

I have no income at this time. I receive support through: *(Check all that apply)*

- ☐ I pay bills by selling my personal items or with money I have in a savings, checking, or trust fund account.
- ☐ A relative, friend, or organization pays all of my household bill/bills and expenses. **If you check this box, please give a specific explanation:** (Please use space provided)

I have applied for:

- ☐ SSI/SSDI
- ☐ Medicare
- ☐ Medicaid
- ☐ Other help: _____

I understand that if I give false information, this may cause a delay or discontinuation from the Ryan White Part B/ADAP Program. All of the above information is true. I understand that I must report changes to my household income.

Name (print) Signature Date

(A No Income Statement must be provided at eligibility reassessment twice a year or every (6) months (if no income) to remain eligible for Alabama's RW Part B and ADAP services.)